IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 068763 DATE 8/6/97 TAX MAP NO. 4771437486 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR Larry Freeze (Brendon Varney) PHONE: Business _____ Home 878-2187

ADDRESS Oswalt Amity Rd.

LOCATION Os Amity Pass Cottonwood Rd. to 4th lot on (R)

SUBDIVISION Wellwyn Est. BLOCK / SECTION _____ LOT 4 LOT AREA .94 Ac SITE CLASS. RS DESIGN FLOW 360 L.T.A.R. _____

Septic Tank: _____ Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: Existing System Model _____ Serial No. _____

Nitrification Field: No Fields ____ Square Feet _____ Linear Feet _____

No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

☐ New System ☐ Repair System Type: I, (II), III, IV, V, VI

System Description: Existing System.

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

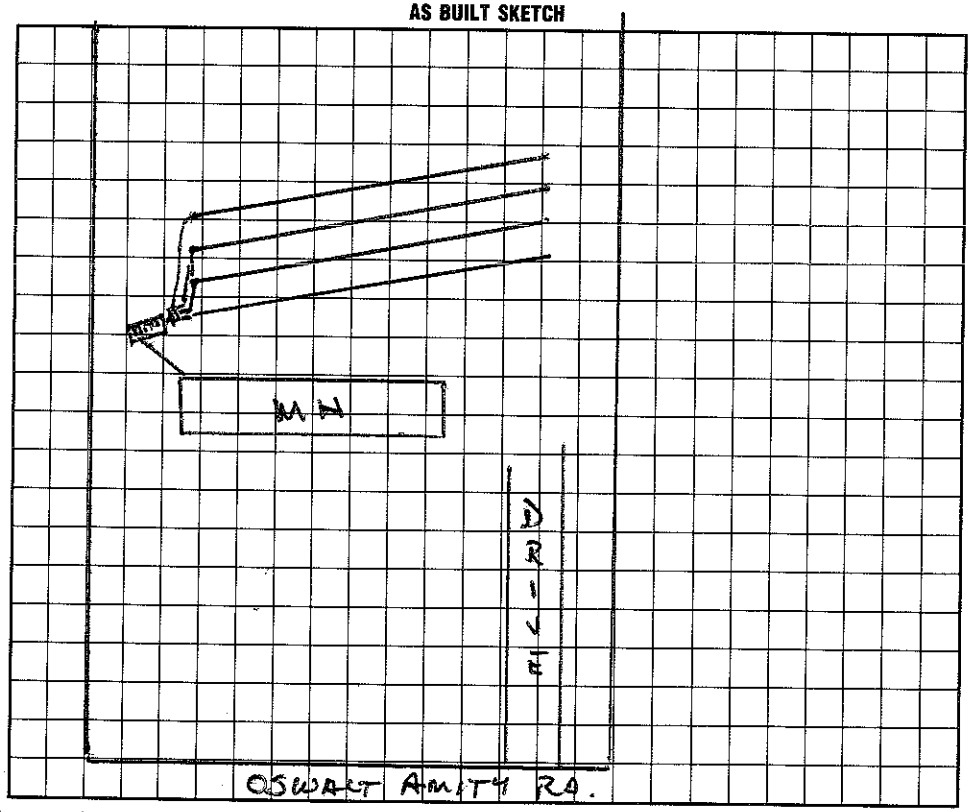
Water Supply:
☐ Individual
☒ Community
☐ Public

Comments:

Comments:

INITIAL SITE SKETCH

AS BUILT SKETCH



I understand that this permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit is valid for 60 months from date of issuance.

Signed: _____

Improvement Permit by: _____ date _____

Existing System Inspection by: _____ date _____

Installed by: _____

~~Certificate of Completion by:~~ Wesley Sparks RS. date 8/6/97

Operation Permit by: _____ date _____

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 21296 DATE 4/8/95 TAX MAP NO. 5A A 23 Pt of Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR Leroy Freeze PHONE: Business 528-7556 Home

ADDRESS 187 Mt TABOR RD. CLEVELAND, NC. 27013

LOCATION Oswalt Amity Rd. on (R) just Cottonwood Rd.

SUBDIVISION Wellington Est. BLOCK / SECTION LOT 4 LOT AREA ~1 Ac SITE CLASS. P DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 4/11/95

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I (II) III, IV, V, VI

System Description: CONV - DIST BOX

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 3

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

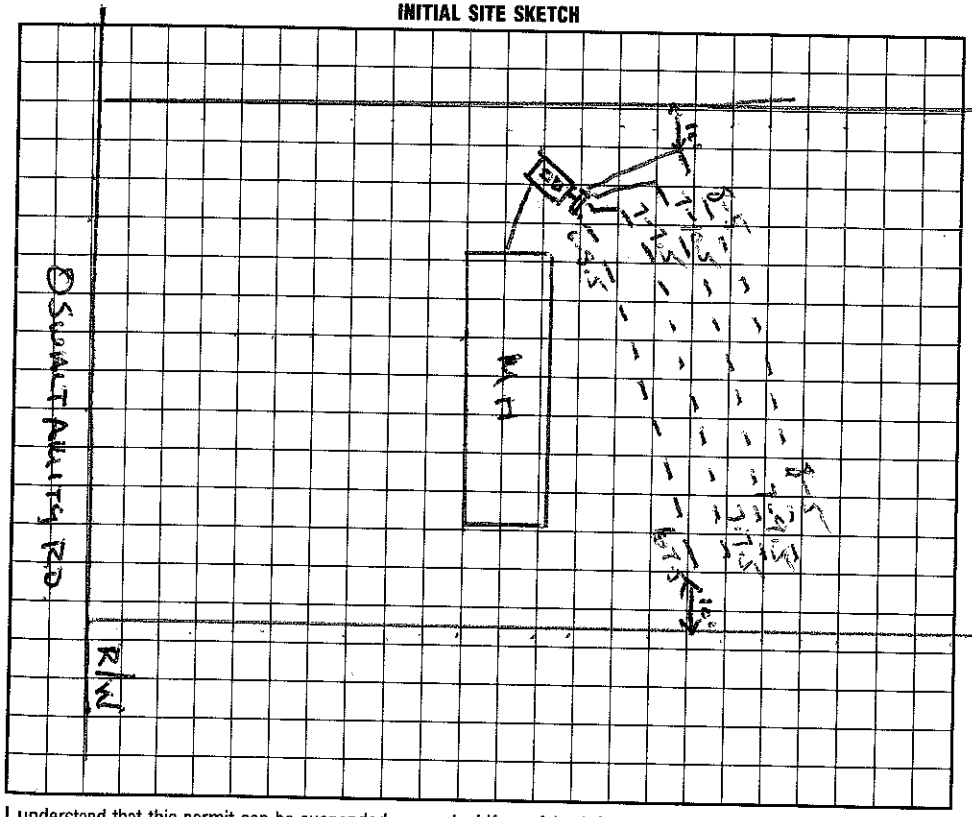
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Community ☐ Public

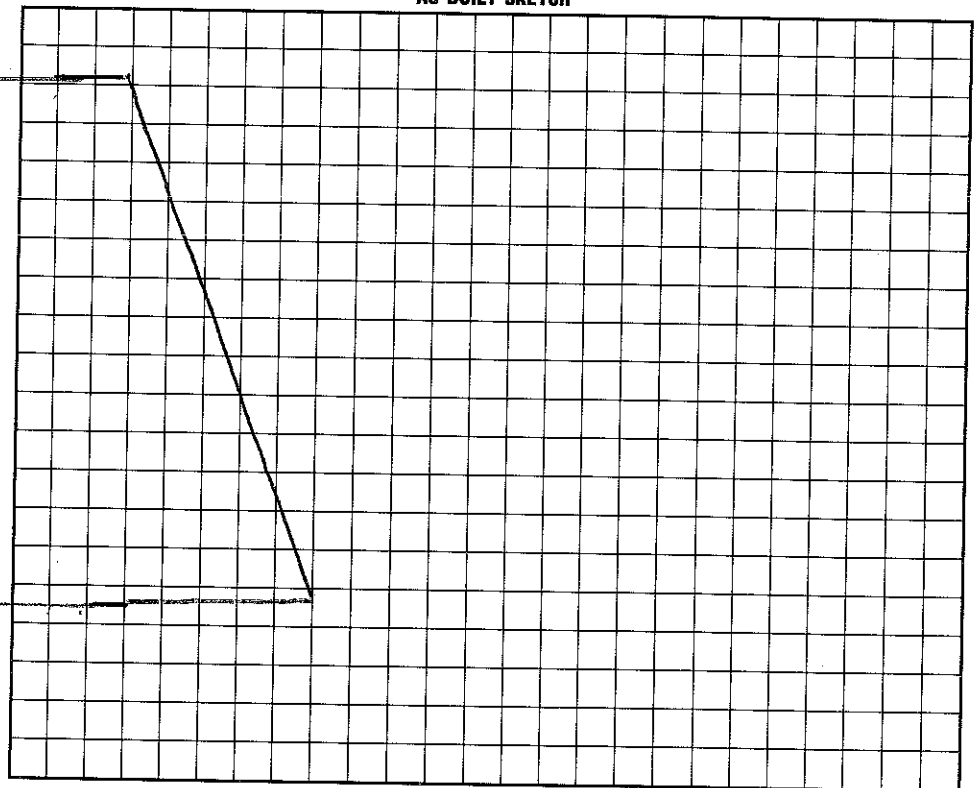
Comments:

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH



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Signed: Leroy Freeze

Improvement Permit by: Wesley Sparks RS. date 6/9/95

Existing System Inspection by: date

Installed by: F J Erwin

Certificate of Completion by: Wesley Sparks RS. date 6/14/95

Operation Permit by: date

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD